

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/586604

CLAIMS

AS FILED AFTER
1ST AMENDMENT 2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	13	←	13	←		←
TOTAL CLAIMS	16		16			